



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

Office of Systems, Operations and Pharmacy
MEDICAL ASSISTANCE PROBLEM RESOLUTION DIVISION
LONG TERM CARE RESOLUTION UNIT

TO:

FROM: Christina Allen, Supervisor/LTCRU

RE: Updating of vendor file information/Private Daily Room
Rate changes

The Long Term Care facility (LTCF) Rate/Change forms(s) attached, is **required** when a LTCF receives a new CARES/E&E Vendor and MMIS provider ID numbers and when necessary, reports changes of the private daily room rate(s). **Do not record your facilities NPI number(s) on the rate change form.** The private daily room rate is used in the Long Term Care (LTC) Eligibility Determination process in CARES/E&E. Without this information Long Term Care cases will not accept in CARES/E&E. Therefore, the private daily room amount reported to the unit must be the same as the rate provided to the Local Department of Social Services (LDSS) on the DHMH 257 form.

In some instances, we are finding that the rates reported to the Long Term Care Resolution Unit are not the same rates that the LTCF reports to the Local Department of Social Services. Instead, several nursing facilities incorrectly gave the state medicaid reimbursement rates or are not reporting ongoing daily room rate changes timely thus, likely resulting in an improper eligibility determination of spend-down or over scaled resources for an otherwise Medicaid eligible resident.

Please keep in mind that when reporting all private daily room rate amounts although some facilities may have separate rates for private and semi-private rooms, or subsidiary levels, such as light, moderate, or heavy special, the CARES/E&E system can accept only **one** figure for each applicable CARES/E&E Vendor ID number assigned to its corresponding level of care (LOC) for skilled, intermediate, chronic or psychiatric specialty types certified/approved by the Maryland Department of Health. Thus, a single median rate of the combined basic care charges and/or basic room rate criteria types mentioned above should be submitted. Unfortunately, Medicaid policy prohibits the Long Term Care Resolution unit from assisting providers in choosing a specific single rate **so, please do not submit multiple rates and/or rate listings.**

The attached form also serves as notification to LTCF's, Residential Treatment Centers (RTC) and/or Chronic Hospitals of their assigned CARES/E&E Vendor ID and MMIS Provider ID number(s), which is required on the DHMH 257 and OES 1000 documents. **Once received it is imperative that the LTCF complete the rate/change form attached and return by fax or mail within 5 working days to:**

Maryland Department of Health
OSOP-LTC Resolution Unit
201 W. Preston Street Room #SS-5
Baltimore, Maryland 21201
Attn.: Christina Allen
Fax number 410-333-5027 / Email: Christina.Allen@maryland.gov

If there are any questions, please contact me at 410-767-8699. Thank you for your cooperation.

201 W. Preston Street · Baltimore, MD 21201 · health.maryland.gov · Toll Free: 1-877-463-3464 · TTY: 1-800-735-2258



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LONG TERM CARE/CHRONIC FACILITY RATE FORM

LTC Facility personnel **must complete section III, items #4 and #5** below retain a copy and return either by mail or facsimile.

SECTION - I

_____ New Provider /Vendor ID# _____ New Private Daily Room Rate

SECTION - II

Pay to Provider Name: _____

Address: _____ City/State/Zip: _____

DHMH MMIS Provider #: _____

SECTION - III

CARES Vendor ID #/ LEVEL OF CARE (LOC):

(1.) Check the applicable corresponding LOC box/boxes below:

- Skilled Care (081-SC) --
- Intermediate Care (082-IC) --
- Chronic Care (072-CC) --
- Psychiatric (073-PSYC) --

(2.) Vendor ID#	(3.) Daily Room rate Effective Date (mm/yy):	(4.) Daily Room Rate Amount \$
	/	
	/	
	/	
	/	

(5.)

SIGNATURE, LTC FACILITY PERSONNEL/ADMINISTRATOR

DATE

PHONE

(REV.7/17)